

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**9/407402**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		3				
3		1					53		6				
4	1						54		3				
5	1						55		6				
6		5					56		6				
7		5					57		6				
8		5					58		6				
9		5					59		6				
10		5					60		3				
11		5					61		6				
12		5					62		3				
13		5					63		6				
14		5					64		6				
15		5					65		5				
16		5					66		6				
17		5					67		6				
18		5					68						
19		5					69						
20		5					70						
21		5					71						
22		5					72						
23		5					73						
24		5					74						
25		5					75						
26		5					76						
27		5					77						
28		5					78						
29		5					79						
30	1						80						
31		1					81						
32		6					82						
33		5					83						
34		5					84						
35		5					85						
36		5					86						
37		5					87						
38		5					88						
39		5					89						
40		5					90						
41		6					91						
42		5					92						
43		6					93						
44		6					94						
45		6					95						
46		5					96						
47		6					97						
48		5					98						
49	1						99						
50	1						100						
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	291					
TOTAL CLAIMS							TOTAL CLAIMS	298					